

IN RE:

Case No. _____

Anderson, James M & Anderson, Carol

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **2,000.00**

Prior to the filing of this statement I have received \$ **2,000.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 13, 2009

Date

/s/ Martin Tiersky

Martin Tiersky 2833956
Martin Tiersky
4032 Lunt Ave.
Lincolnwood, IL 60712-2328
(773) 465-1497 Fax: (773) 303-8361
tierlaw@gmail.com

B201 (12/08)

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Anderson, James M & Anderson, Carol

Printed Name(s) of Debtor(s)

X /s/ James M Anderson

Signature of Debtor

8/13/2009

Date

Case No. (if known) _____

X /s/ Carol Anderson

Signature of Joint Debtor (if any)

8/13/2009

Date

B22A (Official Form 22A) (Chapter 7) (12/08)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises
- ☒ The presumption does not arise
- ☐ The presumption is temporarily inapplicable.

In re: Anderson, James M & Anderson, Carol

Debtor(s)

Case Number: _____

(If known)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p style="margin-left: 40px;">a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="margin-left: 80px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="margin-left: 40px;">OR</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="margin-left: 80px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

B22A (Official Form 22A) (Chapter 7) (12/08)

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>												
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>		<p>Column A Debtor's Income</p>	<p>Column B Spouse's Income</p>									
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$ 2,107.23	\$ 693.44									
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 45%;">Gross receipts</td><td style="width: 50%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Ordinary and necessary business expenses</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Business income</td><td>Subtract Line b from Line a</td></tr> </table>		a.	Gross receipts	\$	b.	Ordinary and necessary business expenses	\$	c.	Business income	Subtract Line b from Line a	\$	\$
a.	Gross receipts	\$											
b.	Ordinary and necessary business expenses	\$											
c.	Business income	Subtract Line b from Line a											
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 45%;">Gross receipts</td><td style="width: 50%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Ordinary and necessary operating expenses</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Rent and other real property income</td><td>Subtract Line b from Line a</td></tr> </table>		a.	Gross receipts	\$	b.	Ordinary and necessary operating expenses	\$	c.	Rent and other real property income	Subtract Line b from Line a	\$	\$
a.	Gross receipts	\$											
b.	Ordinary and necessary operating expenses	\$											
c.	Rent and other real property income	Subtract Line b from Line a											
6	Interest, dividends, and royalties.		\$	\$									
7	Pension and retirement income.		\$	\$									
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$	\$									
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$ 1,573.80</td> <td style="width: 35%;">Spouse \$ 580.10</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 1,573.80	Spouse \$ 580.10	\$	\$						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 1,573.80	Spouse \$ 580.10											

B22A (Official Form 22A) (Chapter 7) (12/08)

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$		
a.		\$							
b.		\$							
	Total and enter on Line 10	\$	\$						
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 2,107.23	\$ 693.44						
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 2,800.67							

Part III. APPLICATION OF § 707(B)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 33,608.04
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>2</u>	\$ 60,049.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$									
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.										
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	
a.		\$									
b.		\$									
c.		\$									
	Total and enter on Line 17.	\$									
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$									

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$
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B22A (Official Form 22A) (Chapter 7) (12/08)

19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> <tr> <td style="width: 5%;">a1.</td><td style="width: 75%;">Allowance per member</td><td style="width: 20%;"></td> <td style="width: 5%;">a2.</td><td style="width: 75%;">Allowance per member</td><td style="width: 20%;"></td> </tr> <tr> <td>b1.</td><td>Number of members</td><td></td> <td>b2.</td><td>Number of members</td><td></td> </tr> <tr> <td>c1.</td><td>Subtotal</td><td></td> <td>c2.</td><td>Subtotal</td><td></td> </tr> </table>		Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal		\$
Household members under 65 years of age			Household members 65 years of age or older																								
a1.	Allowance per member		a2.	Allowance per member																							
b1.	Number of members		b2.	Number of members																							
c1.	Subtotal		c2.	Subtotal																							
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).</p>		\$																								
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td><td style="width: 75%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 20%;">\$</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td>c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a</td></tr> </table>		a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																									
c.	Net mortgage/rental expense	Subtract Line b from Line a																									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>		\$																								
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>		\$																								
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>		\$																								

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23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$									
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</p>	\$									
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.</p>	\$									
29	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$									
30	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$									
31	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.</p>	\$									
32	<p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p>	\$									
33	<p>Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.</p>	\$									

B22A (Official Form 22A) (Chapter 7) (12/08)

Subpart B: Additional Living Expense Deductions
Note: Do not include any expenses that you have listed in Lines 19-32

34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		
	a.	Health Insurance	\$
	b.	Disability Insurance	\$
	c.	Health Savings Account	\$
	Total and enter on Line 34		\$
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.		\$
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		\$
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40		\$

B22A (Official Form 22A) (Chapter 7) (12/08)

Subpart C: Deductions for Debt Payment

42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 15%;">Average Monthly Payment</th><th style="width: 20%;">Does payment include taxes or insurance?</th></tr> </thead> <tbody> <tr> <td>a.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>b.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td>c.</td><td></td><td></td><td>\$</td><td><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td><td></td><td></td></tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	Total: Add lines a, b and c.					\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																									
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																									
Total: Add lines a, b and c.																													
43	<p>Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 35%;">1/60th of the Cure Amount</th></tr> </thead> <tbody> <tr> <td>a.</td><td></td><td></td><td>\$</td></tr> <tr> <td>b.</td><td></td><td></td><td>\$</td></tr> <tr> <td>c.</td><td></td><td></td><td>\$</td></tr> <tr> <td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td><td></td></tr> </tbody> </table>				Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$	Total: Add lines a, b and c.				\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																										
a.			\$																										
b.			\$																										
c.			\$																										
Total: Add lines a, b and c.																													
44	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.</p>			\$																									
45	<p>Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%;">a.</td><td style="width: 55%;">Projected average monthly chapter 13 plan payment.</td><td style="width: 40%;">\$</td></tr> <tr> <td>b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td><td>X</td></tr> <tr> <td>c.</td><td>Average monthly administrative expense of chapter 13 case</td><td>Total: Multiply Lines a and b</td></tr> </tbody> </table>			a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$																
a.	Projected average monthly chapter 13 plan payment.	\$																											
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X																											
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b																											
46	<p>Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.</p>			\$																									
Subpart D: Total Deductions from Income																													
47	<p>Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.</p>			\$																									

B22A (Official Form 22A) (Chapter 7) (12/08)

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$
52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

Part VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	Total: Add Lines a, b and c	\$

Part VIII. VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i> Date: <u>August 13, 2009</u> Signature: <u>/s/ James M Anderson</u> <div style="text-align: right; font-size: small;">(Debtor)</div> Date: <u>August 13, 2009</u> Signature: <u>/s/ Carol Anderson</u> <div style="text-align: right; font-size: small;">(Joint Debtor, if any)</div>	
----	--	--

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Anderson, James M				Name of Joint Debtor (Spouse) (Last, First, Middle): Anderson, Carol			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6823				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 0834			
Street Address of Debtor (No. & Street, City, State & Zip Code): 7130 182d St Tinley Pk, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 7130 182d St Tinley Pk, IL			
ZIPCODE 60477				ZIPCODE 60477			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business: Cook			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE			
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Anderson, James M & Anderson, Carol	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. <div style="display: flex; justify-content: space-between;"> X <u>/s/ Martin Tiersky</u> 8/13/09 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord or lessor that obtained judgment)			
_____ (Address of landlord or lessor)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Anderson, James M & Anderson, Carol

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ James M Anderson

Signature of Debtor

James M Anderson

X /s/ Carol Anderson

Signature of Joint Debtor

Carol Anderson

Telephone Number (If not represented by attorney)

August 13, 2009

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Martin Tiersky

Signature of Attorney for Debtor(s)

Martin Tiersky 2833956

Martin Tiersky

4032 Lunt Ave.

Lincolnwood, IL 60712-2328

(773) 465-1497 Fax: (773) 303-8361

tierlaw@gmail.com

August 13, 2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Anderson, James M

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ James M Anderson

Date: August 13, 2009

IN RE:

Anderson, Carol

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Carol Anderson

Date: August 13, 2009

IN RE:

Case No. _____

Anderson, James M & Anderson, Carol

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 275,000.00		
B - Personal Property	Yes	3	\$ 6,800.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 255,895.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 52,412.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,006.99
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,525.00
TOTAL		14	\$ 281,800.00	\$ 308,307.00	

IN RE:

Case No. _____

Anderson, James M & Anderson, Carol

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 2,006.99
Average Expenses (from Schedule J, Line 18)	\$ 4,525.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 2,800.67

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 52,412.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 52,412.00

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
condominium unit at 7130 182d St in Tinley Pk	Fee Simple	J	275,000.00	255,895.00
TOTAL			275,000.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	account at Founders Bank	J	200.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	miscellaneous furniture	J	1,400.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	clothing	J	1,500.00
4. Household goods and furnishings, include audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X	401(k)	W	200.00
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Chevrolet Cavalier	J	3,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				6,800.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(11 U.S.C. § 522(b)(2))
(11 U.S.C. § 522(b)(3))
Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			
condominium unit at 7130 182d St in Tinley Pk	735 ILCS 5 §12-901	19,105.00	275,000.00
SCHEDULE B - PERSONAL PROPERTY			
account at Founders Bank	735 ILCS 5 §12-1001(b)	200.00	200.00
miscellaneous furniture	735 ILCS 5 §12-1001(b)	1,400.00	1,400.00
clothing	735 ILCS 5 §12-1001(a)	1,500.00	1,500.00
401(k)	735 ILCS 5 §12-1006(a)	200.00	200.00
2003 Chevrolet Cavalier	735 ILCS 5 §12-1001(c)	3,500.00	3,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 44106151 Bac Home Lns Lp/ctrywd 450 American St Simi Valley, CA 93065	J	First Mortgage account opened 4/04 secured by condominium in Tinley Park VALUE \$ 275,000.00				163,809.00	
ACCOUNT NO. 151890939 Bac Home Lns Lp/ctrywd 450 American St Simi Valley, CA 93065	J	Second Mortgage account opened 10/06 secured by condominium unit in Tinley Park VALUE \$ 275,000.00				92,086.00	
ACCOUNT NO.		 VALUE \$					
ACCOUNT NO.		 VALUE \$					
Subtotal (Total of this page)						\$ 255,895.00	\$
Total (Use only on last page)						\$ 255,895.00	\$

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 004002222015381383 Amex Po Box 297871 Fort Lauderdale, FL 33329	H	Open account opened 9/86				43.00
ACCOUNT NO. 4146850000198551 Aspire/cb And T 9 Mutec Dr Columbus, GA 31907	H	Revolving account opened 6/97				3,322.00
ACCOUNT NO. 529115143305 Cap One Po Box 85015 Richmond, VA 23285	J	Revolving account opened 9/97				4,265.00
ACCOUNT NO. 526031116061 Chase Po Box 15298 Wilmington, DE 19850	H	Revolving account opened 8/99				11,737.00
Subtotal (Total of this page)						\$ 19,367.00
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

2 continuation sheets attached

IN RE Anderson, James M & Anderson, Carol

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 422765102017 Chase- Bp Po Box 15298 Wilmington, DE 19850	J	Revolving account opened 5/94				1,228.00
ACCOUNT NO. 542418019138 Citi Pob 6241 Sioux Falls, SD 57117	J	Revolving account opened 8/98				11,057.00
ACCOUNT NO. 696831920 Credit First N A 6275 Eastland Rd Brook Park, OH 44142	H	Revolving account opened 12/97				997.00
ACCOUNT NO. 4170554121120 Dsnb Macys 9111 Duke Blvd Mason, OH 45040	W	Revolving account opened 9/00				994.00
ACCOUNT NO. 4146820004463756 Emerge/fnbo P.o. Box 723896 Atlanta, GA 31139	H	Revolving account opened 5/98				207.00
ACCOUNT NO. 39020306 Founders Bank Ridge & Minooka Roads Minooka, IL 60447	J	Revolving account opened 1/72				173.00
ACCOUNT NO. 600898102865 Gemb/casual Corner Po Box 981400 El Paso, TX 79998	W	Revolving account opened 9/02				607.00

Sheet no. 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **15,263.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 545800012516 Hsbc Bank Po Box 5253 Carol Stream, IL 60197	J	Revolving account opened 6/98				7,546.00
ACCOUNT NO. 035676572752 Kohls/chase N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	W	Revolving account opened 12/02				879.00
ACCOUNT NO. 95857381 Nbgl-carsons 9700 S Western Evergreen Pk, IL 60805	J	Revolving account opened 4/94				2,186.00
ACCOUNT NO. 5121075055309103 Sears/cbsd 701 East 60th St N Sioux Falls, SD 57117	W	Revolving account opened 6/05				4,080.00
ACCOUNT NO. 5121071882869070 Sears/cbsd 701 East 60th St N Sioux Falls, SD 57117	H	Revolving account opened 8/97				1,807.00
ACCOUNT NO. 504994014673 Sears/cbsd 701 East 60th St N Sioux Falls, SD 57117	W	Revolving account opened 8/04				1,284.00
ACCOUNT NO.						

Sheet no. 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **17,782.00**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **52,412.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	Smithereen Company 7400 Melvin Niles, IL 60714	Claire's Boutique Inc 2400 W Central Rd Hoffman Estates, IL 60192

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <u>1,750.67</u>	\$ <u>379.17</u>
2. Estimated monthly overtime	\$ _____	\$ <u>149.31</u>
3. SUBTOTAL	\$ <u>1,750.67</u>	\$ <u>528.48</u>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <u>189.37</u>	\$ <u>56.29</u>
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) <u>Aflac</u>	\$ <u>26.50</u>	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>215.87</u>	\$ <u>56.29</u>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>1,534.80</u>	\$ <u>472.19</u>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>1,534.80</u>	\$ <u>472.19</u>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ <u>2,006.99</u>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 2,404.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 325.00
b. Water and sewer	\$
c. Telephone	\$ 65.00
d. Other Condo Assessment	\$ 125.00
TV	\$ 74.00
3. Home maintenance (repairs and upkeep)	\$ 256.00
4. Food	\$ 710.00
5. Clothing	\$ 125.00
6. Laundry and dry cleaning	\$
7. Medical and dental expenses	\$ 200.00
8. Transportation (not including car payments)	\$ 140.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 101.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 4,525.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,006.99
b. Average monthly expenses from Line 18 above	\$ 4,525.00
c. Monthly net income (a. minus b.)	\$ -2,518.01

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: August 13, 2009 Signature: /s/ James M Anderson
James M Anderson Debtor
Date: August 13, 2009 Signature: /s/ Carol Anderson
Carol Anderson (Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.) _____
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Anderson, James M & Anderson, Carol

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
16,264.00	Debtor's employment
4,405.00	spouse's employment
59,026.00	2007 income
78,374.00	2008 income

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
11,800.00	debtor's social securirty

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Silverleaf Resorts		time share in Branson MO
property forfeited for payment of assessments		

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Martin Tiersky 4032 Lunt Lincolnwood, IL 60712	7/18/09	2,000.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESS OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
Founders Bank		documents of no value	

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: August 13, 2009 Signature /s/ James M Anderson
of Debtor **James M Anderson**

Date: August 13, 2009 Signature /s/ Carol Anderson
of Joint Debtor **Carol Anderson**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Anderson, James M & Anderson, Carol

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Bac Home Lns Lp/ctrywd	Describe Property Securing Debt: condominium unit at 7130 182d St in Tinley Pk
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name: Bac Home Lns Lp/ctrywd	Describe Property Securing Debt: condominium unit at 7130 182d St in Tinley Pk
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

____ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **August 13, 2009**

/s/ James M Anderson

Signature of Debtor

/s/ Carol Anderson

Signature of Joint Debtor

IN RE:

Case No. _____

Anderson, James M & Anderson, Carol

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 28

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 13, 2009

/s/ James M Anderson

Debtor

/s/ Carol Anderson

Joint Debtor

Anderson, James M
7130 182d St
Tinley Pk, IL 60477

Chase Manhattan Mortga
10790 Rancho Bernardo Road
San Diego, CA 92127

Founders Bank
Ridge & Minooka Roads
Minooka, IL 60447

Anderson, Carol
7130 182d St
Tinley Pk, IL 60477

Chase- Bp
Po Box 15298
Wilmington, DE 19850

Gemb/casual Corner
Po Box 981400
El Paso, TX 79998

Martin Tiersky
4032 Lunt Ave.
Lincolnwood, IL 60712-2328

Chrysler Financial
999 Oakmont Plaza Dr
Westmont, IL 60559

Gemb/qvc
Po Box 971402
El Paso, TX 79997

Amex
Po Box 297871
Fort Lauderdale, FL 33329

Citi
Pob 6241
Sioux Falls, SD 57117

Gmac Mortgage
Po Box 4622
Waterloo, IA 50704

Aspire/cb And T
9 Mutec Dr
Columbus, GA 31907

Credit First N A
6275 Eastland Rd
Brook Park, OH 44142

Hsbc Bank
Po Box 5253
Carol Stream, IL 60197

Bac Home Lns Lp/ctrywd
450 American St
Simi Valley, CA 93065

Ditech
Po Box 780
Waterloo, IA 50704

Hsbc/ms
Po Box 2393
Brandon, FL 33509

Cap One
Po Box 85015
Richmond, VA 23285

Dovenmuehle Mortgage
1 Corporate Dr
Lake Zurich, IL 60047

Hsbc/rs
90 Christiana Rd
New Castle, DE 19720

Chase
Po Box 15298
Wilmington, DE 19850

Dsnb Macys
9111 Duke Blvd
Mason, OH 45040

Kohls/chase
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

Chase
Po Box 99607
Arlington, TX 76096

Emerge/fnbo
P.o. Box 723896
Atlanta, GA 31139

Nbgl-carsons
9700 S Western
Evergreen Pk, IL 60805

Chase Bank Usa, Na
Po Box 99607
Arlington, TX 76096

Fleet Cc
Po Box 84006
Columbus, GA 31908

Nicor Gas
1844 Ferry Road
Naperville, IL 60563

Sears/cbsd
701 East 60th St N
Sioux Falls, SD 57117



Pest Management Services
Your Partner for a Healthy Environment

SMITHEREEN Pest Management Services
10753 W. Grand Ave. Northlake, IL 60164
Phone: 847-455-0043 • Fax: 847-455-0059
E-mail: andy@smithereen.com

FAX

To: Martin

Phone: 773-465-1497
Fax: 773-303-8361

From: Jim Anderson

Phone: 773-875-4450

Date: 7/20/09

Number of Pages: 19 (including cover pg.)

Phone: 847-455-0043

Fax: 847-455-0059

Remarks: Here are the payroll stubs for 2009. I can't find one of mine for March 20th, but using the year-to-date figures before and after I have determined my gross pay on 3/20/09 was \$1,347.40, which included some back vacation pay accrued while I was full time.

EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	AMOUNT
REGULAR	50.50	16.0000	808.00	FICA	49.34	AFLAC	12.23	GROSS 16264.20
REIMB.1			223.45	MEDFICA	11.53			FICA 891.71
				FED WTH	4.96			MEDFICA 208.54
				IL	21.57			FED WTH 554.99
								STATE 394.70
								MED 125 566.40
								AFLAC 171.22
								401 K 72.48
								C0401 K 27.18
Totals	50.50		1031.45		87.40		12.23	0013114 *****931.82

Employee Name
 0069 JAMES ANDERSON
 Company Division
 SECP 07
 Period Start
 JUN 7, 2009
 Period Ending
 JUN 20, 2009
 Check Date
 JUN 26, 2009
 Social Security Number
 XXX-XX-6823
 SMITHEREEN COMPANY
 7400 N MELVINA AVE
 NILES, IL 60714
 Earnings Taxes Deductions Year to Date

EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	AMOUNT
REGULAR	52.00	16.0000	832.00	FICA	50.83	AFLAC	12.23	GROSS 15232.75
				MEDFICA	11.89			FICA 842.37
				FED WTH	7.36			MEDFICA 197.01
				IL	22.29			FED WTH 550.03
								STATE 373.13
								MED 125 566.40
								AFLAC 158.99
								401 K 72.48
								C0401 K 27.18
Totals	52.00		832.00		92.37		12.23	0013020 *****727.40

Employee Name
 0069 JAMES ANDERSON
 Company Division
 SECP 07
 Period Start
 MAY 24, 2009
 Period Ending
 JUN 6, 2009
 Check Date
 JUN 12, 2009
 Social Security Number
 309-44-6823
 SMITHEREEN COMPANY
 7400 N MELVINA AVE
 NILES, IL 60714
 Earnings Taxes Deductions Year to Date

EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	AMOUNT
REGULAR	54.00	16.0000	864.00	FICA	52.81	AFLAC	12.23	GROSS 14400.75
				MEDFICA	12.35			FICA 791.54
				FED WTH	10.56			MEDFICA 185.12
				IL	23.25			FED WTH 542.67
								STATE 350.84
								MED 125 566.40
								AFLAC 146.76
								401 K 72.48
								C0401 K 27.18
Totals	54.00		864.00		98.97		12.23	0012924 *****752.80

Employee # 0069	Case # 0929/12	Doc # 1	Filed 08/13/09	Entered 08/11/09	Company Name & Address SMITHEREEN COMPANY 7400 N MELVINA AVE NILES, IL 60714
Co.# SECP 07	Dept.# 0074	Check #	Doc # 309-44-6823	Page 44006	Desc Main
Period Start MAY 10,2009	Period Ending MAY 23,2009	Check Date MAY 29,2009	FW-M 01 ST-M 01		

EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT		AMOUNT
REGULAR	59.25	16.0000	948.00	FICA	58.01	AFLAC	12.23	GROSS	13536.75
REIMB.1			255.85	MEDFICA	13.57			FICA	738.73
				FED WTH	18.96			MEDFICA	172.77
				IL	25.77			FED WTH	532.11
								STATE	327.59
								MED 125	566.40
								AFLAC	134.53
								401 K	72.48
								C0401 K	27.18
TOTAL				TOTAL \$		TOTAL \$		Check No.	NET PAY
59.25				\$ 1203.85		12.23		0012838	*****1075.31

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Employee # 0069	Employee Name JAMES ANDERSON	Company Name & Address SMITHEREEN COMPANY 7400 N MELVINA AVE NILES, IL 60714			
Co.# SECP 07	Dept.# 0074	Check #	Doc # 309-44-6823		
Period Start APR 26,2009	Period Ending MAY 9,2009	Check Date MAY 15,2009	FW-M 01 ST-M 01		

EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
REGULAR	59.50	16.0000	952.00	FICA	58.27	AFLAC	12.23	
				MEDFICA	13.63			
				FED WTH	19.36			
				IL	25.89			
						GROSS	12332.90	
						FICA	680.72	
						MEDFICA	159.20	
						FED WTH	513.15	
						STATE	301.82	
						MED 125	566.40	
						AFLAC	122.30	
						401 K	72.48	
						C0401 K	27.18	
TOTAL	59.50	\$	952.00	TOTAL \$	117.15	TOTAL \$	12.23	
						Check No.	0012749	
						NET PAY	*****822.62	

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Jul. 20. 2009 8:43AM smithereen west No. 7589 P. 4
 Case 09-29712 Doc 1 Filed 08/13/09 Entered 08/13/09 15:00:00
 Employee # 0069 Name JAMES ANDERSON
 Co. # Div. # 0074 Dept. # 0074 Document # 309-44-6823
 Period Start APR 12, 2009 Period Ending APR 25, 2009 Check Date MAY 1, 2009
 Company Name & Address SMITHEREEN COMPANY
 7400 N MELVINA AVE
 NILES, IL 60714

EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	47.50	16.0000	760.00	FICA	46.36	AFLAC	12.23	GROSS	11380.90
REIMB.1			221.50	MEDFICA	10.84			FICA	622.45
				FED WTH	0.16			MEDFICA	145.57
				IL	20.13			FED WTH	493.79
								STATE	275.93
								MED 125	566.40
								AFLAC	110.07
								401 K	72.48
								C0401 K	27.18
TOTAL	47.50	\$	981.50	TOTAL \$	77.49	TOTAL \$	12.23	Check No.	0012659
								NET PAY	*****891.78

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Employee # 0069 Name JAMES ANDERSON
 Co. # Div. # 0074 Dept. # 0074 Document # 309-44-6823
 Period Start MAR 29, 2009 Period Ending APR 11, 2009 Check Date APR 17, 2009
 Company Name & Address SMITHEREEN COMPANY
 7400 N MELVINA AVE
 NILES, IL 60714

EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	53.25	16.0000	852.00	FICA	52.07	AFLAC	12.23	GROSS	10399.40
				MEDFICA	12.18			FICA	576.09
				FED WTH	9.36			MEDFICA	134.73
				IL	22.89			FED WTH	493.63
								STATE	255.80
								MED 125	566.40
								AFLAC	97.84
								401 K	72.48
								C0401 K	27.18
TOTAL	53.25	\$	852.00	TOTAL \$	96.50	TOTAL \$	12.23	Check No.	0012570
								NET PAY	*****743.27

Jul. 20. 2009 8:43AM smithereen west No. 7589 P. 5
 Case 09-29712 Doc 1 Filed 08/13/09 Entered 08/13/09 16:23:44 Desc Main Document Page 46 of 62

Employee # 0069
 Co. # SECP 07
 Period Start FEB 15, 2009
 Date 0074
 Period Ending FEB 28, 2009
 Check #
 Check Date MAR 6, 2009
 Pw-M 01
 St-M 01

Company Name & Address
SMITHEREEN COMPANY
 7400 N MELVINA AVE
 NILES, IL 60714

EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	49.25	16.0000	788.00	FICA	42.25	MED 125	94.40	GROSS	7456.00
				MEDFICA	9.88	AFLAC	12.23	FICA	429.22
				IL	18.13			MEDFICA	100.38
								FED WTH	479.15
								STATE	191.65
								MED 125	472.00
								AFLAC	61.15
								401 K	72.48
								C0401 K	27.18
TOTAL	49.25	\$	788.00	TOTAL \$	70.26	TOTAL \$	106.63	Check No. 0012295	NET PAY *****611.11

Employee # 0069
 Co. # SECP 07
 Period Start MAR 15, 2009
 Date 0074
 Period Ending MAR 28, 2009
 Check #
 Check Date APR 3, 2009
 Pw-M 01
 St-M 01

Company Name & Address
SMITHEREEN COMPANY
 7400 N MELVINA AVE
 NILES, IL 60714

EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	46.50	16.0000	744.00	FICA	45.37	AFLAC	12.23	GROSS	9547.40
				MEDFICA	10.61			FICA	524.02
				IL	19.65			MEDFICA	122.55
								FED WTH	484.27
								STATE	232.91
								MED 125	566.40
								AFLAC	85.61
								401 K	72.48
								C0401 K	27.18
TOTAL	46.50	\$	744.00	TOTAL \$	75.63	TOTAL \$	12.23	Check No. 0012477	NET PAY *****656.14

*****656.14

Employee No. 0069	Case No. 09-29712	Doc. 1	Filed 08/13/09	Entered 08/13/09	Company Name & Address SMITHEREEN COMPANY 7400 N MELVINA AVE NILES, IL 60714
Dept. Div. SECP 07	Dept. 0074	Check #	Document 309-44-6823	Page 47	Desc Main
Period Start FEB 1, 2009	Period Ending FEB 14, 2009	Check Date FEB 20, 2009	PR-M 01	ST-M 01	

EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	56.50	16.0000	904.00	FICA	49.44	MED 125	94.40	GROSS	4556.00
				MEDFICA	11.56	AFLAC	12.23	FICA	256.03
				FED WTH	34.93			MEDFICA	59.88
				IL	21.61			FED WTH	255.04
								STATE	112.47
								MED 125	377.60
								AFLAC	48.92
								401 K	72.48
								C0401 K	27.18
TOTAL				TOTAL \$		TOTAL \$		Check No.	NET PAY
56.50 \$ 904.00				117.54		106.63		0012205	*****679.83

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Employee No. 0069	Employee Name JAMES ANDERSON	Company Name & Address SMITHEREEN COMPANY 7400 N MELVINA AVE NILES, IL 60714
Dept. Div. SECP 07	Dept. 0074	Check # 309-44-6823
Period Start JAN 18, 2009	Period Ending JAN 31, 2009	Check Date FEB 6, 2009
		PR-M 01 ST-M 01

EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	
REGULAR	58.00	16.0000	928.00	FICA	50.92	MED 125	94.40	
				MEDFICA	11.91	AFLAC	12.23	
				FED WTH	37.33			
				IL	22.33			
						GROSS	3652.00	
						FICA	206.59	
						MEDFICA	48.32	
						FED WTH	220.11	
						STATE	90.86	
						MED 125	283.20	
						AFLAC	36.69	
						401 K	72.48	
						C0401 K	27.18	
TOTAL	58.00	\$	928.00	TOTAL \$	122.49	TOTAL \$	106.63	
				Check No.	0012119	NET PAY	*****698.88	

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Employee File # 0069	Case No. 00712N	Doc 1	Filed 08/13/09	Entered 08/11/09	Company Name & Address SMITHEREEN COMPANY 7400 N MELVINA AVE NILES, IL 60714
Co. # SECP 07	Dept. # 0074	Check # 309-44-6823	Document Page 48 of 62		
Period Start JAN 4, 2009	Period Ending JAN 17, 2009	Check Date JAN 23, 2009	PW-M 01 ST-M 01		

EARNINGS				TAXES		DEDUCTIONS		YEAR TO DATE	
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
REGULAR	57.00	16.0000	912.00	FICA	49.94	MED 125	94.40	GROSS	2724.00
				MEDFICA	11.68	AFLAC	12.23	FICA	155.67
				FED WTH	35.73			MEDFICA	36.41
				IL	21.85			FED WTH	182.78
								STATE	68.53
								MED 125	188.80
								AFLAC	24.46
								401 K	72.48
								CO401 K	27.18
TOTAL				TOTAL \$		TOTAL \$		CHECK NO.	NET PAY
57.00				\$ 912.00		106.63		0012030	*****686.17

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Employee File # 0069	Employee Name JAMES ANDERSON	Company Name & Address SMITHEREEN COMPANY 7400 N MELVINA AVE NILES, IL 60714
Co. # SECP 07	Dept. # 0074	Check # 309-44-6823
Period Start DEC 21, 2008	Period Ending JAN 3, 2009	Check Date JAN 9, 2009
		PW-M 01 ST-M 01

EARNINGS			TAXES		DEDUCTIONS		YEAR TO DATE		
DESCRIPTION	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT		
SALARY			1812.00	FICA	105.73	MED 125	94.40	GROSS	1812.00
				MEDFICA	24.73	AFLAC	12.23	FICA	105.73
				FED WTH	147.05	401 K	72.48	MEDFICA	24.73
				IL	46.68	CO401 K	27.18	FED WTH	147.05
						AUTOUSE	50.00	STATE	46.68
								MED 125	94.40
								AFLAC	12.23
								401 K	72.48
								CO401 K	27.18
TOTAL		\$	1812.00	TOTAL \$	324.19	TOTAL \$	229.11	Check No.	0011946
								NET PAY	*****1258.70

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claire's

CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 01/03/2009
Pay Date: 01/09/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	26.75	234.07	234.07
Overtime	13.1250	4.50	59.06	59.06
Gross Pay			\$293.13	293.13

Other Benefits and Information

	this period	total to date
Vac Grant Amt		85.00
Vac Grant Earn		83.00
Vac Taken Hrs		85.00

Deductions	Statutory	Other
Social Security Tax	-18.17	
Medicare Tax	-4.25	
IL State Income Tax	-8.80	
Dir Dep Chk1		-261.91
Net Pay		\$0.00

Your federal taxable wages this period are \$293.13

COPY

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© 2000 ADP, Inc.

claire's CLAIRES BOUTIQUES, INC. 2400 WEST CENTRAL ROAD HOFFMAN ESTATES, IL 60192-1930		Advice number: 00000020245 Pay date: 01/09/2009	
Deposited to the account of CAROL A ANDERSON		account number *****306	transit ABA 0719 2321
		amount	\$261.91

THIS IS NOT A CHECK

NON-NEGOTIABLE


cl@ire's

CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 01/17/2009
Pay Date: 01/23/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	47.50	415.63	649.70
Overtime				59.06
Gross Pay			\$415.63	708.76

Other Benefits and Information

	this period	total to date
Vac Grant Amt		94.00

Deductions	Statutory		
Federal Income Tax		-10.79	10.79
Social Security Tax		-25.77	43.94
Medicare Tax		-6.03	10.28
IL State Income Tax		-12.47	21.27
Other			
Dir Dep Chk1		-360.57	
Net Pay		\$0.00	

Your federal taxable wages this period are \$415.63

COPY

COPY

cl@ire's

CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000040227
Pay date: 01/23/2009

Deposited to the account of
CAROL A ANDERSON

account number	transit ABA	amount
****306	0719.2321	\$360.57

NON-NEGOTIABLE



Period Ending: 01/31/2009
Pay Date: 02/06/2009

claire's

CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	45.75	400.31	1,050.01
Overtime				59.06
Gross Pay			\$400.31	1,109.07

Other Benefits and Information	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		4.00

Deductions	Statutory		
Federal Income Tax		-9.26	20.05
Social Security Tax		-24.82	68.76
Medicare Tax		-5.80	16.08
IL State Income Tax		-12.01	33.28
Other			
Dir Dep Chk1		-348.42	
Net Pay		\$0.00	

Your federal taxable wages this period are \$400.31

COPY

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OVERLAY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

claire's	CLAIRE'S BOUTIQUES, INC.	Advice number:	00000060247
	2400 WEST CENTRAL ROAD	Pay date:	02/06/2009
	HOFFMAN ESTATES, IL 60192-1930		
Deposited to the account of		account number	transit ABA
CAROL A ANDERSON		*****306	0719 2321
		amount	\$348.42

THIS IS NOT A CHECK

NON-NEGOTIABLE


cloire's

CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 02/14/2009
Pay Date: 02/20/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	43.25	378.44	1,428.45
Overtime				59.06
Gross Pay			\$378.44	1,487.51

Other Benefits and Information	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		7.00

Deductions	Statutory		
Federal Income Tax		-7.07	27.12
Social Security Tax		-23.47	92.23
Medicare Tax		-5.49	21.57
IL State Income Tax		-11.36	44.64
Other			
Dir Dep Chk1		-331.05	
Net Pay		\$0.00	

Your federal taxable wages this period are \$378.44

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VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

cloire's	CLAIRE'S BOUTIQUES, INC.	Advice number:	00000080238
	2400 WEST CENTRAL ROAD	Pay date:	02/20/2009
	HOFFMAN ESTATES, IL 60192-1930		
Deposited to the account of		account number	transit ABA
CAROL A ANDERSON		*****306	0719 2321
		amount	\$331.05

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 02/28/2009
Pay Date: 03/06/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	21.50	188.13	1,616.58
Vacation	8.7500	30.00	262.50	
Overtime				59.06
Gross Pay			\$450.63	1,938.14

Other Benefits and Information

	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		11.00

Deductions	Statutory	
Social Security Tax	-27.93	120.16
Medicare Tax	-6.53	28.10
IL State Income Tax	-13.52	58.16
Federal Income Tax		27.12
Other		
Dir Dep Chk1	-402.65	
Net Pay		50.00

Your federal taxable wages this period are \$450.63.

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000100243
Pay date: 03/06/2009

Deposited to the account of
CAROL A ANDERSON

account number: ****306 transit ABA: 0719 2321 amount: \$402.65

NON-NEGOTIABLE



CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	36.00	315.00	1,931.58
Overtime				59.06
Gross Pay			\$315.00	2,253.14

Other Benefits and Information	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		14.00
Vac Taken Hrs		30.00

Deductions	Statutory		
	Social Security Tax	-19.53	139.69
	Medicare Tax	-4.57	32.67
	IL State Income Tax	-9.45	67.61
	Federal Income Tax		27.12
	Other		
	Dir Dep Chk1	-281.45	
	Net Pay		\$0.00

Your federal taxable wages this period are \$315.00

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000120245
Pay date: 03/20/2009

Deposited to the account of
CAROL A ANDERSON

account number: *****306
transit ABA: 0719 2321
amount: \$281.45

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 03/28/2009
Pay Date: 04/03/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	26.25	229.69	2,161.27
Overtime				59.06
Gross Pay			\$229.69	2,482.83

Other Benefits and Information

	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		17.00
Vac Taken Hrs		30.00

Deductions	Statutory		
Social Security Tax			
		-14.25	153.94
Medicare Tax			
		-3.33	36.00
IL State Income Tax			
		-6.89	74.50
Federal Income Tax			
			27.12
Other			
Dir Dep Chk1			
		-205.22	
Net Pay			\$0.00

Your federal taxable wages this period are \$229.69

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000140243
Pay date: 04/03/2009

Deposited to the account of
CAROL A ANDERSON

account number	transit ABA	amount
*****306	0719 2321	\$205.22

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 04/11/2009
Pay Date: 04/17/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	37.00	323.75	2,485.02
Overtime				59.06
Gross Pay			\$323.75	2,806.58

Other Benefits and Information	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		19.00
Vac Taken Hrs		30.00

Deductions	Statutory		
	Social Security Tax	-20.07	174.01
	Medicare Tax	-4.70	40.70
	IL State Income Tax	-9.72	84.22
	Federal Income Tax		27.12
	Other		
	Dir Dep Chk1	-289.26	
	Net Pay		\$0.00

Your federal taxable wages this period are \$323.75

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000160232
Pay date: 04/17/2009

Deposited to the account of	account number	transit ABA	amount
CAROL A ANDERSON	****306	0719 2321	\$289.26

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 04/25/2009
Pay Date: 05/01/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	25.50	223.13	2,708.15
Overtime				59.06
Gross Pay			\$223.13	3,029.71

Other Benefits and Information	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		22.00
Vac Taken Hrs		30.00

Deductions	Statutory	
Social Security Tax	-13.83	187.84
Medicare Tax	-3.23	43.93
IL State Income Tax	-6.69	90.91
Federal Income Tax		27.12
Other		
Dir Dep Chkl	-199.38	
Net Pay		\$0.00

Your federal taxable wages this period are \$223.13

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cloire's CLARE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000180243
Pay date: 05/01/2009

Deposited to the account of
CAROL A ANDERSON

account number: xxx0306
transit ABA: xxxx xxxx
amount: \$199.38

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Period Ending:

05/09/2009

Pay Date:

05/15/2009

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CLAIRES BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	29.50	258.12	2,966.27
Overtime				59.06
Gross Pay			\$258.12	3,287.83

Other Benefits and Information

	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		24.00
Vac Taken Hrs		30.00

Deductions	Statutory		
	Social Security Tax	-16.01	203.85
	Medicare Tax	-3.74	47.67
	IL State Income Tax	-7.75	98.66
	Federal Income Tax		27.12
	Other		
	Dir Dep Chk1	-230.62	
	Net Pay		\$0.00

Your federal taxable wages this period are \$258.12

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claire's CLAIRES BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000200233
Pay date: 05/15/2009

Deposited to the account of
CAROL A ANDERSON

account number: xxxx0306 transit ABA: xxxx xxxx amount: \$230.62

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CLAIRE'S BOUTIQUES, INC. Document
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

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Period Ending: 05/23/2009
Pay Date: 05/29/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8:7500	30.50	266.88	3,233.15
Overtime				59.06
Gross Pay			\$266.88	3,554.71

Other Benefits and Information

Information	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		26.00
Vac Taken Hrs		30.00

Deductions

Statutory

Social Security Tax	-16.54	220.39
Medicare Tax	-3.87	51.54
IL State Income Tax	-8.01	106.67
Federal Income Tax		27.12

Other

Dir Dep Chk1 -238.46

Net Pay	\$0.00
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Your federal taxable wages this period are \$266.88

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000220243
Pay date: 05/29/2009

Deposited to the account of
CAROL A ANDERSON

account number	transit ABA	amount
xxxx0306	xxxx xxxx	\$238.46

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Period Ending: 06/06/2009
Pay Date: 06/12/2009

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	6.25	54.69	3,287.84
Vacation	8.7500	30.00	262.50	
Overtime				59.06
Gross Pay			\$317.19	3,871.90

Other Benefits and Information

	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		29.00
Vac Taken Hrs		30.00

Deductions	Statutory		
Social Security Tax	-19.67	240.06	
Medicare Tax	-4.60	56.14	
IL State Income Tax	-9.52	116.19	
Federal Income Tax		27.12	
Other			
Dir Dep Chk1	-283.40		
Net Pay		\$0.00	

Your federal taxable wages this period are \$317.19

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claire's CLARE'S BOUTIQUES, INC. 2400 WEST CENTRAL ROAD HOFFMAN ESTATES, IL 60192-1930				Advice number: 00000240234 Pay date: 06/12/2009	
Deposited to the account of CAROL A ANDERSON		account number XXXX0306	transit ABA XXXX XXXX	amount \$283.40	
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 Period Ending: 06/20/2009
 Pay Date: 06/26/2009

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CLAIRE'S BOUTIQUES, INC.
 2400 WEST CENTRAL ROAD
 HOFFMAN ESTATES, IL 60192-1930

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 IL: 0

CAROL A ANDERSON
 7130 W 182 ST
 TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	33.00	288.76	3,576.60
Overtime				59.06
Gross Pay			\$288.76	4,160.66

Other Benefits and Information	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		31.00
Vac Taken Hrs		60.00

Deductions	Statutory		
	Social Security Tax	-17.90	257.96
	Medicare Tax	-4.19	60.33
	IL State Income Tax	-8.67	124.86
	Federal Income Tax		27.12
	Other		
	Dir Dep Chk1	-258.00	
Net Pay			\$0.00

Your federal taxable wages this period are \$288.76

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claire's CLAIR'S BOUTIQUES, INC.
 2400 WEST CENTRAL ROAD
 HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000260244
 Pay date: 06/26/2009

Deposited to the account of
 CAROL A ANDERSON

account number: XXXX0306
 transit ABA: XXXX XXXX
 amount: \$258.00

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Period Ending: 07/04/2009
Pay Date: 07/10/2009

cloire's

CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

CAROL A ANDERSON
7130 W 182 ST
TINLEY PARK, IL 60477

Social Security Number: XXX-XX-0834

Earnings	rate	hours	this period	year to date
Regular	8.7500	20.00	175.00	3,751.60
Overtime	13.1250	5.25	68.91	127.97
Gross Pay			\$243.91	4,404.57

Other Benefits and Information

	this period	total to date
Vac Grant Amt		94.00
Vac Grant Earn		34.00
Vac Taken Hrs		60.00

Deductions	Statutory		
Social Security Tax		-15.12	273.08
Medicare Tax		-3.54	63.87
IL State Income Tax		-7.32	132.18
Federal Income Tax			27.12
Other			
Dir Dep Chk1		-217.93	
Net Pay			\$0.00

Your federal taxable wages this period are \$243.91

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CLAIRE'S BOUTIQUES, INC.
2400 WEST CENTRAL ROAD
HOFFMAN ESTATES, IL 60192-1930

Advice number: 00000280241
Pay date: 07/10/2009

Deposited to the account of
CAROL A ANDERSON

account number: xxx0306 transit ABA: xxxx xxxx amount: \$217.93

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